

INDEXING

HSBC/Morton

INSTRUCTIONS:

Lot 24, Section B, Ross Pointe PUD,  
Section 2, T2S, R8W, DeSoto County, MS

**WARRANTY DEED**

FOR TEN DOLLARS AND OTHER VALUABLE CONSIDERATIONS, the receipt and sufficiency of which is hereby acknowledged, we, ~~William Edward Morton and Cathlene Morton~~ Cathlene Morton, do hereby convey unto Beneficial Mississippi, Inc., it's successors and assigns, all of our right, title and interest in and to the following described real estate situated in DeSoto County, Mississippi, to-wit:

Lot 124, Section B, Ross Pointe PUD, situated in Section 2, Township 2 South, Range 8 West, City of Southaven, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 54, Pages 8-9, in the office of the Chancery Clerk of DeSoto County, Mississippi.

THIS DEED IS AN ABSOLUTE conveyance of title in effect as well as in form and is not intended as a mortgage, trust conveyance or security of any kind. This Deed is executed in lieu of foreclosure on the default existing on the Note and Deed of Trust dated March 20, 2007, executed by William Edward Morton and Cathlene Morton, to Joe D. Samples, Trustee for the use and benefit of Beneficial Mississippi, Inc., in the principal sum of One Hundred Thirty-Three Thousand Eight Hundred Twenty-Five and 84/100 Dollars (\$133,825.64) which Deed of Trust is on file and of record in Deed of Trust Record Book 2701 at Page 276 in the office of the Chancery Clerk of DeSoto County, Mississippi.

WHEREAS, ~~William Edward Morton and Cathlene Morton~~ Cathlene Morton and Beneficial Mississippi, Inc. agree that this Deed-in-Lieu Agreement and the transactions contemplated herein are a mutual, full, and complete settlement, discharge and release of Grantor(s)' and Grantee's claims relating to the mortgage, including, without limitation, their rights and obligations with respect to the rescission of the mortgage pursuant to the Truth-in-Lending Act, Federal Reserve Regulation Z, or any other applicable law; and ~~William Edward Morton and Cathlene Morton~~ <sup>she has</sup> ~~they have~~ elected to proceed with

A&E File #«1»

- 1 -

ADAMS & EDENS  
A PROFESSIONAL ASSOCIATION  
P.O. BOX 400  
BRANDON, MS 39043

4

this Deed-in-Lieu Agreement and the transactions contemplated herein in lieu of any other rights or actions that they might pursue with respect to rescission either now or in the future.

WITNESS OUR ~~OUR~~<sup>my</sup> SIGNATURES on this the 7<sup>th</sup> day of April, 2009.

William Edward Morton

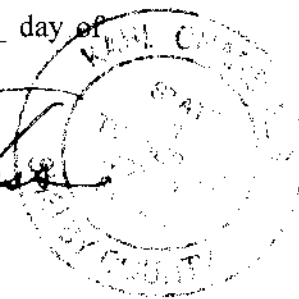
Cathlene Morton  
Cathlene Morton TMAPLIC 076474214

STATE OF Tennessee  
COUNTY OF Shelby

PERSONALLY appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named ~~William Edward Morton~~ and Cathlene Morton, in the above and foregoing instrument of writing, who acknowledged to me that they signed and delivered the above and foregoing instrument of writing on the day and year and for the purposes therein mentioned.

GIVEN under my hand and official seal of office on this the 7<sup>th</sup> day of April, 2009.

Carl James Smith  
NOTARY PUBLIC



My Commission Expires:

**My Commission Exp 9-16-2009**

Grantor: 1109 McGowan Dr., Southaven, MS 38671 (901) 396-7310 - *N/A*

Grantee: 961 Weigel Dr., Elmhurst, IL 60126 *(800) 228-1914*

PREPARED BY AND RETURN TO:

ADAMS & EDENS  
A Professional Association  
POST OFFICE BOX 400  
BRANDON, MISSISSIPPI 39043  
(601)825-9508

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK 606 PG 636

TYPE OR PRINT  
WITH BLACK INKFILING  
DATE DEC 11 2008

## CERTIFICATE OF DEATH

STATE FILE  
NUMBER

123-08-025412

DECEASED	1. NAME First Middle Last WILLIAM "ED" EDWARD MORTON			2. SEX MALE	3a. HOUR OF DEATH 8:01 am	3b. DATE OF DEATH (Month, Day, Year) NOVEMBER 25, 2008		
	4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 43 Years		5b. MGS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) JUNE 27, 1965	7a. COUNTY OF DEATH DESOTO
	7b. CITY OR TOWN OF DEATH SOUTHAVEN		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) BAPTIST MEMORIAL-DESOTO 173			7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT., EMER. RM. OR DOA EMER. RM.		7e. STATE OF BIRTH NC
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) (0-12) 12		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) CATHY MITT		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO	
For RESIDENCE items, enter actual location of home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14. SOCIAL SECURITY NUMBER 410-29-5037		15a. USUAL OCCUPATION (Kind of work done, most of working life) SALES		15b. KIND OF BUSINESS OR INDUSTRY AUTO REPAIR	
	16a. RESIDENCE—STATE MS		16b. COUNTY DESOTO		16c. CITY OR TOWN SOUTHAVEN		16d. INSIDE CITY LIMITS (Specify, Yes or No) YES	
PARENTS	17. FATHER—NAME First Middle Last ROBERT M. MORTON			18. MOTHER—NAME First Middle Maiden JOYCE T. TART				
INFORMANT	19a. INFORMANT—NAME (Type or print) ROBERT M. MORTON			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5701 BURLINGTON LANE, OLIVE BRANCH, MS 38654				
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY—NAME MEMORY HILL GDNS.		20c. LOCATION (City and State) BARTLETT, TN		21a. EMBALMER—SIGNATURE AND NUMBER EMBALMED IN TN	
	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER MEMPHIS FUNERAL HOME TN1023		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. BOX 17069, MEMPHIS, TN 38187-0069					
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Thelma Faylor, MD				22b. PRONOUNCED DEAD (Month, Day, Year) on Nov. 25, 2008		22c. PRONOUNCED DEAD (Hour) AT 8:01 am	
CERTIFIER	23a. CERTIFIER—NAME (Type or print) Jeffery Pounders,			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd, Nesbit, MS 38651				
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE			24b. DATE SIGNED (Month, Day, Year) DEC 11 2008				
	24c. STATE LICENSE NUMBER MD			24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) DeSoto Co Coroner				
	24e. DATE SIGNED (Month, Day, Year) December 1, 2008			24f. DATE SIGNED (Month, Day, Year) December 1, 2008				
CAUSE OF DEATH	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) cardiopulmonary arrest (b) chronic obstructive pulmonary disease (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			Interval between onset and death				
	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I			Interval between onset and death				
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) INJURY AT WORK			29b. DATE OF INJURY (Month, Day, Year) DEC 11 2008		29c. HOUR OF INJURY (Month, Day, Year) m		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
	29e. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)			29f. LOCATION Street or route number City or town State		29g. LOCATION Street or route number City or town State		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

DEC 15 2008

Judy Moulder  
STATE REGISTRAR

## WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK